

EXISTING CONTRIBUTOR RECAPTURING FORM

(PLEASE COMPLETE ALL INFORMATION IN CAPITAL LETTERS)

Corporate Office: No. 2, Okotie Eboh Street,

Ikoyi, Lagos State. **Tel:** +234-1-2706401, 08090999172

Head Office: No 22, Otukpo street, off Gimbiya Street, Area 11, Garki - Abuja.

Mobile Number: (234) 09-7000800, 08078450652, 08165722731

SECTION 1 RSA DE	TAILS =	Г					
* RSA Status Retired	e or Active						* NeConstitute of the Newsberr (NINI)
* 1a RSA PIN							* National Identity Number (NIN)
*1b PFA Name							Bank Verification Number (BVN) (Optional)
List of other RSA PII	N (if Any)						
Pin							International Passport (Non Nigerian only)
PFA Name							7
PINs							
PFA NAME							
SECTION 2 PERSON							
Section 2a Non-upd	atable Fiel	lds					
* 2a Title:							
*Surname							
*First Name							
Section 2b Updatable Middle Name	le Fields					*Gender * Marital S	Status *Nationality
Maiden/Former Name						F/M M/S/W	
**State of Origin (If Na	itionality is I	Juliu liudu. Nigerian)	** Loc	al Govt Area L	———— GA	*Date of Birth (DI	D/MM/YYYY * Place of Birth
** Residential Addres	s: **Location	on Nigeria	a,	Abroad			
House No/Name							
Street Name						**Village/Town/0	Sity Sity Sity Sity Sity Sity Sity Sity
**!!][]	Country of Residence Name
**Local Govt Area Co							
**State of Residence	Code						**Zip Code P.O. Box or PMB (If any)
Personal Email addre	ess			———			
*Phone no Country co	ode (Tel)				* Mobile	Number	
SECTION 3 EMPL	OYMENT	RECORI	DS ===				
*Sector Classifica				Employees(Fe	d & State)	Employees 02 - P	rivate Employees **Date Employee joind IPPIS
03- Micro Pension P	lan Contrib		1	Border Emplo	_	** Employer under	Yes/NO
* Employer Name(in	full nlease	\	J				Employee Joint in 18 Number
Employer Name(in	Tuli piease	, 					
Employer Address:							
**Location Nigeria	Abroa	ad	Building	No/Name		Str	eet Name
** \/;!!a a a /Ta\un /Cit\		**! 04	cal Govt Ar	roo Codo		*************	***************************************
** Village/Town/City		Loc	cai Govt Ai	rea Code		**State Code	**Country code **Zip Code
Employer Phone no (Tel)		Mobile	Number		** Nature	of Business P.O. Box or PMB (If any)
** Designation/Rank				* State of Pos	ting	** Er	nployee ID/No **Service / ID Number
**Date of First Appointme	ent with Publi	ic Sector	Date of 0	Current Appointr	nent (Public Sec	ctor Only) ** Date of	Transfer of Service ** Employer Code

SECTION 3 SALARY STRUCTURE				
*FGN Treasury Funded MDAs only ** Consolid	dated Salary Structure as at 2007 **Enhance Consolidated Salary Structure as at 2010			
**Harmonised Salary Structure as at 2004 (eq HAPSS HATISS) **Step as at June 2004 (e.g.)				
(e.g (HAPSS, HATISS) **Step as at June 2004 (e.g (**GL as at Jan 2007 **GL as at 2010 **Step as at 2010 **Step as at 2010			
** Current GI	**GL as at Jan 2007 **GL as at 2010 **Step as at 2013 **Step as at 2010 **Step as at			
	e Consolidated Salary Structure as at 2013 **GL as at 2016 **Step as at 2016 **Step as at 2016			
SECTION 4 NEXT OF KIN DATA				
*Title				
*Surname Surname				
*First Name				
Middle Name				
*Relationship	ria Abroad F/M			
House No/Name				
Street Name				
	**Country of Residence Name			
**Local Govt Area Code	Sound y of Nesiderice Name			
**State of Residence Email address	P.O. Box or PMB (If any) **Zip Code/Postal (If living abroad)			
Email address	P.O. Box or PMB (If any) **Zip Code/Postal (If living abroad)			
*Phone no Country code (Tel)	* Mobile Number			
SECTION 5 APPLICANT BIOMETRIC/CERTIFICATION * CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO NATION.	AL IDENTITY NUMBER (AUN) INFORMATION			
	ALIDENTIT NOWBER (NIN) INFORMATION			
I(Surname Name	Middle			
(ther consent and authorize National Identity Management Commission to release my NIN			
information (as may be required) to the National Pension Commission	on (PenCom), upon request by my Pension Fund Administrator, for the maintenance and			
operation of my Retirement Savings Account. It is my understanding th	at PenCom shall exercise due care to ensure that my information is secure and protected NIGERIA DATA PROTECTION REGULATION			
	DATA CONSENT FORM			
	Thereby grant IEI-Anchor Pension Managers Limited and all its third-party			
	processors authority to process my personal data, for the purpose of:			
*Recent passport (with a white background)	 Opening an account Processing my pension benefits 			
i i i i i i i i i i i i i i i i i i i	Receiving newsletters, e-mails, promotions and marketing			
Name should be boldly written at the back of the passport	materials			
photograph	4. Rectification of my data			
	5. Research and statistical purpose I am aware this is necessary for IEI-Anchor Pension Managers Limited			
	legitimate interests to process personal information for the purpose of			
	processing my request.			
** Signature	I consent to IEI-Anchor Pension Managers Limited using my personal			
Signature	data for the purposes described in this notice and understand that I can withdraw my consent at any time using the Data Subject Consent			
	withdraw my consent at any time using the Data Subject Consent Withdrawal Form.			
	Name of Individual providing Consent:			
Date				
	Address of Individual providing Consent:			
SECTION 7 FOR OFFICIAL USE ONLY				
Does the contributor have any fingerprint challenge? Please tick				
Yes No Complete Partial Others				
SECTION 8 PFA CERTIFICATION Are supporting documents attached?				
Form Reference Number Yes No	Signature: Date			
It happy positive that the information since above in committee the best of such as	DATA PROTECTION OFFICER ENDORSEMENT			
*I hereby certify that the information given above is correct to the best of my knowledge *Name:	Name			
*Designation **	Name::			
	Designation:			
*Signature *Date	Signature:			
NOTES:	Date:			
All fields with asterisk (*) are MANDATORY and fields with asterisk (**) are CONDITIONAL MANDATORY	Location			
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